

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185134		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED C 08/12/2011	
NAME OF PROVIDER OR SUPPLIER HAZARD HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 390 PARK AVENUE, P O BOX 1329 HAZARD, KY 41702			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a) Building: 01 Plan Approval: 1970 Survey under: 2000 existing Facility type: SNF/NF Type of structure: One (1) story Type III unprotected. Smoke Compartment: Twelve (12) smoke compartments Fire Alarm: Complete fire alarm Sprinkler System: Complete automatic (dry) sprinkler system. Generator: Type II 100 KW diesel, Type II 30 KW propane An abbreviated Life Safety Code survey was initiated on 08/09/2011 and concluded on 08/12/2011. Hazard Health and Rehabilitation Center was found to be in compliance with the requirements for participation in Medicare and Medicaid.</p>			K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.